

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17775

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 619	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Joseph</b> c. LENGTH OF STAY (In this place) <b>6 Mos.</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maysville</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3425 Duncan St.</b>				d. STREET ADDRESS (If rural, give location) <b>0320</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>MINNIE</b>		b. (Middle) <b>CARTER</b>		c. (Last) <b>GROOM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 17 1955</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Aug. 2 1873</b>	
9. AGE (In years last birthday) <b>81</b>		10. UNDER 1 YEAR Months Days		11. UNDER 1 MRS. Hours Mins.		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Buchanan County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Wesley Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Malinda Boyer</b>		14. NAME OF HUSBAND OR WIFE <b>Walker Groom</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Earl West, 3425 Duncan, St. Joseph, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Fibrillation</b> ANTECEDENT CAUSES <b>Myocardial Infarction</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>4222</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>24</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 1955</b> , to <b>6/17, 1955</b> , that I last saw the deceased alive on <b>6/16, 1955</b> and that death occurred at <b>4:15 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. D. 510 Corby Bldg.</b>				23b. ADDRESS		23c. DATE SIGNED <b>6/17/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-17-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Maysville Missouri</b>	
DATE REC'D BY LOCAL REG. <b>June 20, 1955</b>		REGISTRAR'S SIGNATURE <b>Bethen M. Allison</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>PILCHER FUNERAL HOME Maysville Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

**C.T. Pilcher**

Licensed Embalmer No. 3960

P. O. Address Maysville Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.